



Florida Department of  
Environmental Protection

Division of Air Resource Management



Dept. of Environmental Resources Mgmt  
Air Section  
33 S.W. 2nd Avenue, Suite 9-223  
Miami, Florida 33130-1540

NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY): ☐ ORIGINAL ☐ REVISED ☐ CANCELLATION ☐ COURTESY

TYPE OF PROJECT (CHECK ONE ONLY): ☐ DEMOLITION ☐ RENOVATION ☐ ROOFING

IF DEMOLITION, WAS IT AN ORDERED DEMOLITION? ☐ YES ☐ NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION? ☐ YES ☐ NO

IS IT A PLANNED RENOVATION OPERATION? ☐ YES ☐ NO

File # \_\_\_\_\_

Process # \_\_\_\_\_

I. Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_

Building Size \_\_\_\_\_ (Square Feet) # of Floors \_\_\_\_\_ Age in Years \_\_\_\_\_

Prior Use: School/College/University Residence Small Business Other \_\_\_\_\_

Present Use School/College/University Residence Small Business Other \_\_\_\_\_

II. Facility Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. Contractor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Florida Licence No. \_\_\_\_\_ Is the contractor exempt from licensure under section 469.004(7), F.S.? ☐ YES ☐ NO

IV. Scheduled Dates:

Asbestos Removal (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

V. Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> * Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER: _____			

\* MUST OBTAIN PRIOR DERM APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: \_\_\_\_\_

VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IX. Amount of RACM or ACM

\_\_\_\_\_ square feet surfacing material

\_\_\_\_\_ linear feet pipe

\_\_\_\_\_ cubic feet of RACM off facility components

\_\_\_\_\_ square feet cementitious material

\_\_\_\_\_ square feet resilient flooring

\_\_\_\_\_ square feet asphalt roofing

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Name of Owner / Operator / PRINT \_\_\_\_\_

(Signature of Owner/Operator \_\_\_\_\_)

(Date) \_\_\_\_\_

(Contact Phone #) \_\_\_\_\_

DERM USE ONLY

Postmark/Date Received \_\_\_\_\_

ID# \_\_\_\_\_